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<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/567,349-Conf. #2483
	Filing Date	March 28, 2007
	First Named Inventor	Erik T. Thostenson
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	00131-00343-US2

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Pursuant to the client's request, this application has been transferred out of our firm.

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☒ The address associated with Customer Number:

**OR**

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

Signature /Ashley I. Pezzner/

Name Ashley I. Pezzner

Registration No. 35,646

Date March 13, 2008

Telephone No. (302) 658-9141

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.